

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		18				
10		18				
11		1				
12		1				
13		1				
14		1				
15		30				
16	1	10				
17		10				
18		10				
19		10				
20	1					
21		1				
22		1				
23		1				
24		12				
25		12				
26		1				
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50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	23	↔		↔		↔
TOTAL CLAIMS	26	████████	████████	████████	████████	████████

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		████████	████████	████████	████████	████████